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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/782,642 02/13/2001 PAT 6,620,785
 which is a CON of 08/626,646 04/01/1996 PAT 6,214,789
 which is a CON of 08/285,803 08/04/1994 ABN
 which is a CIP of 08/031,145 03/12/1993 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Allowance <i>R. Taf</i> 06.02.05 Examiner's Signature Initials				

ADDRESS

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TITLE

Treatment of Mycobacterial diseases by administration of bacterial/permeability-increasing protein products

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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